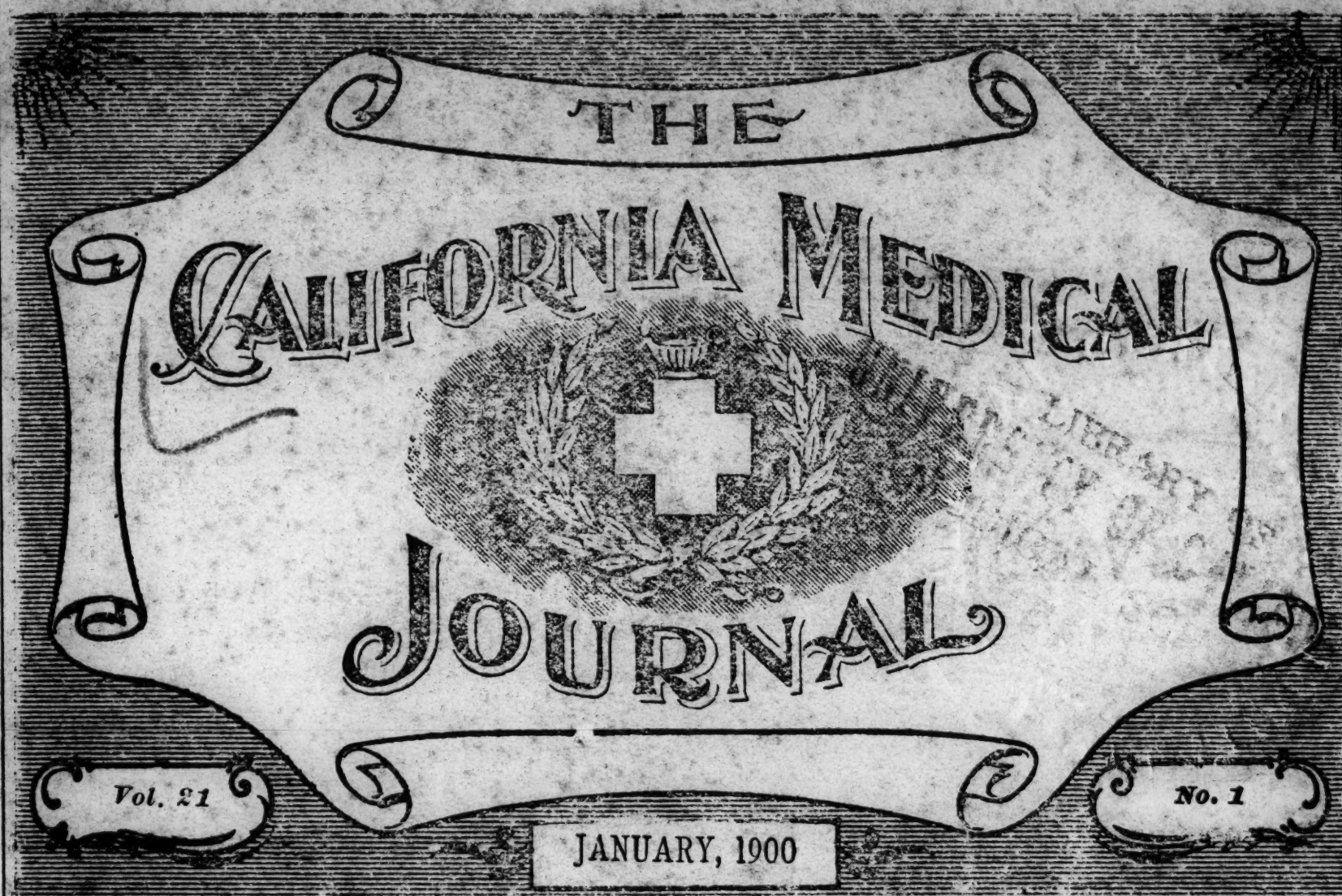


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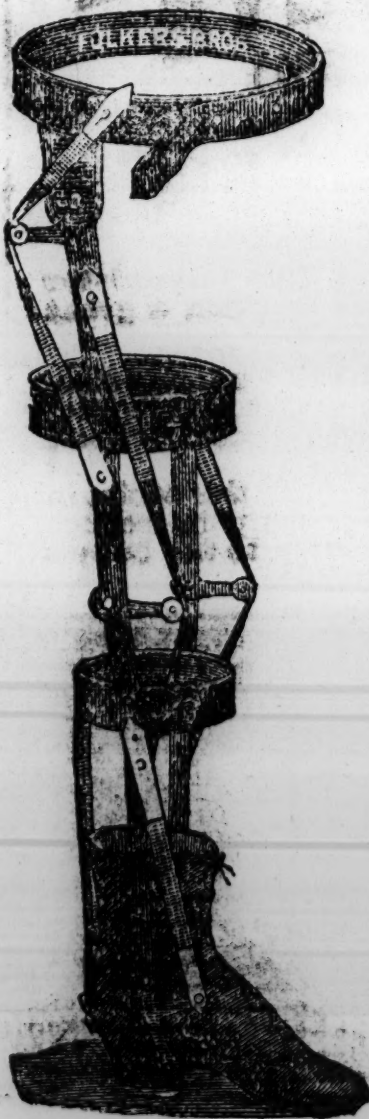
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CALIFORNIA MEDICAL JOURNAL.
1422 Folsom Street, San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

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Contents.

| | PAGE | | PAGE |
|---|------|--|------|
| The Mind in the Treatment of Disease... | 1 | Accidental Opening of the Female Blad- | |
| Colapse or Shock..... | 3 | der..... | 16 |
| Interesting Csaes at the Hospital..... | 4 | A Review and Digest..... | 17 |
| Carbuncles..... | 6 | College, Alumni and Personal..... | 21 |
| An Old Time Procedure..... | 8 | Editorial..... | 23 |
| Abortion—Threatened and Inevitable...12 | | Publisher's Notes..... | 25 |
| The Treatment of Constipation.....12 | | Book Notes..... | 29 |



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California Medical Journal.

Vol. XXI.

San Francisco, California, January, 1900.

No. I

The Mind in the Treatment of Disease.

DR. Q. A. R. HOLTON, RAMONA, CAL.

THE numerous methods of treating disease without the use of medicine, such as are employed by Christian scientists, faith curists, hypnotists, magnetic healers, etc., so called, have come so prominently before the public of late that some investigation of the principle underlying their cures (for cure they do sometimes) becomes interesting. Let us clear away the rubbish and chaff and secure the kernel—if there be one—and utilize it. It is no use to pooh pooh and attempt to brush the whole matter aside and call it all nonsense, and the perpetrators all fakirs and frauds. That a large majority of them are such is probably true. Thousands of people are beaten of many thousands of hard cash by unscrupulous advertising mountebanks, who so skillfully play on the ignorance and credulity of the people. But there is another class, of whose honesty and sincerity there can be no doubt, and whose cures sometimes compare favorably with those of their more scientific neighbors.

When we consider the intricate and reciprocal relations between the nerv-

ous system and the vital action of every organ and tissue in the human body, it is not strange that the mind should have great influence over disease, and that these people, by producing or obtaining a favorable state of mind, should be able to relieve many ailments. The medical profession has long made the mistake of trying to trace all diseases from the material to the psychical, and in the treatment they have still more closely adhered to the material and neglected the immaterial forces. Not only does a weakened and irregularly acting heart produce a sense of alarm and fear, but fear, produced from outside influence, will much more promptly produce a weak and irregular heart action. Sudden fright or fear will also produce an excessive flow of urine and a watery, painless diarrhea, thus showing its depressing effect on the vital functions of the body; carried to extreme it has often produced death. Long continued indigestion will bring on irritability, depression, anxiety and melancholy, but these conditions of the mind, when produced from causes without the body, will very

quickly destroy the appetite and the power of digestion. The recipient of bad news loses appetite and the process of digestion is stopped.

The presence of crowds of strangers suspends the peristalsis of the bowels. Thus people who leave the quiet routine of home to travel in public or to mingle in crowds find themselves suffering from constipation, which they suppose to be caused by change of diet, but which is really caused by changed influence on the mind and through the mind on the nerves of the bowels.

Anger is a disease producer; excitation, followed by depression and weakness very much resembling alcoholism. I once had a patient who had a spell of sickness after each quarrel with her husband, which occurred often enough to be quite a tax on their pocket book. Her ailment was hysterical, but the functions of the vital organs were very much affected. Solomon seems to have understood the value of proper psychical conditions when he wrote, "A merry heart doeth good like a medicine."

Hope, confidence, cheerfulness, faith and a clear conscience are sustainers, if not *creators*, of vital force and power. They not only help to maintain a state of health, but are powerful forces in throwing off disease conditions.

A person thinks he has swallowed a fly in his food; he rushes out and quickly disgorges the contents of his stomach; while he might have swallowed a dozen, unconsciously, and digested his meal without a qualm.

There is reciprocity of action be-

tween the forces of the nervous system and the chemico-vital processes of the body. They act and react on each other, and he who ignores either the one or the other in the treatment of disease is half disarmed. He would be a criminal crank, indeed, who would attempt to treat a rattlesnake bite by psychical methods alone, instead of trying to extract all the poison possible and then fortifying the nervous system as best he could against the shock of what remained. But the treatment might well consist, in part, in freeing the mind of the incubus of fear, which would naturally assail him and add to the depression and danger. Recently a gentleman told me of being struck on the leg by a rattlesnake. His clothing protected him so that the fangs did not enter the flesh at all, but so intense was the fright that the point on his leg where the serpent struck pained him severely for an hour or more.

The medical profession, while acknowledging the influence of the mind over health and disease, has been woefully deficient in utilizing this powerful factor and turning its potent influence to their aid in the battle against disease. Development along this line is needed. Familiarity with all that is known of the available help from this source should be a part of the equipment of every physician.

I was once treating a young lady for fractured leg; to prevent shortening of the limb extension and counter extension were secured by elevating the foot of the bed and attaching a weight to her foot in the usual manner. This weight consisted of a small pail of dry

sand. On one of my visits I found it necessary to add more sand to the weight, remarking that I hoped that it would not increase the pain, but that if it should and become unbearable that some of the sand might be removed. Some time after my departure she began to complain of pain and to beg to have some of the sand removed. After trying in vain to quiet her and relieve the pain, her mother finally consented, and brought another pail and began to go through the motions of taking out the sand, pouring each

handful, however, back into the pail attached to her foot. There was no more unbearable pain. The ruse was a great success. The mother showed more skill in the management than I had, for I made the mistake of suggesting to my patient the possibility of pain, instead of assuring her to the contrary. But there should be some more reliable and dignified method of arousing and securing the aid of the subliminal forces than resort to tricks of deception.

(To be continued.)

Collapse or Shock.

M. H. LOGAN, PH. G., M. D., SAN FRANCISCO, CAL.,

Professor of Chemistry, California Medical College.

LIFE may be destroyed by certain agents which leave no visible traces of their operations in any part of the body. Some forms of injury, as, for instance, a blow upon the epigastrium, may produce sudden death, and yet the most searching scrutiny shall fail to detect the slightest physical or chemical change in any organ or structure. Nay, further, life may be abruptly terminated by causes yet more subtle, such as sudden and powerful emotions of the mind. This kind of death is very expressively termed death by shock. The heart is powerfully affected through the nervous system, and its action is arrested. No morbid anatomy is necessarily found in these cases, yet it may be present and be due to the rapid absorption of septic fluid, interstitial apoplexy, fat embolism, the too rapid abstraction of heat, due to the sudden

chilling of the abdominal viscera. However, these are not properly shock, but the so-called delayed shock may be and very probably is due to the above causes.

Death from shock seems to occur from sudden spasmodic contractions of the heart, or from sudden cessation of contractility of the fibres of the cardiac muscles. In the former case death must be immediate and the heart cavities more or less empty; in the latter case death may be more gradual and the cavities comparatively full of blood.

If the sympathetic nervous system receives the shock, death may and does frequently follow. Shock need not always be due to primary nerve injury; numerous secondary effects of shock occur, which depend on an arrested or imperfect supply of arterial blood. This disturbance of nervous equilibrium

is to be found in the functions of the sympathetic or vaso-motor centres. Paralysis of the vaso-motor centres in the sympathetic system causes spasmodic contractions of the minute arterioles. This is proved by the weakened heart, contracted arterioles, lowered temperature, ashy pale and shrunken skin. Weir Mitchell says: "Death from shock is due to absolute exhaustion of nerve force in some vital centre."

From the foregoing it appears that death from shock is the result of a sudden and violent impression on some portion of the nervous system, acting at once through a nerve centre upon the heart and destroying its action. At death the heart usually contains blood, which coagulates imperfectly.

Almost the whole of the great nerve centres may be removed gradually without destroying the action of the heart, but it may be at once arrested by a sudden impression.

After receiving a shock the patient lays in a state of utter prostration. There is a striking pallor of the whole surface, most marked from its contrast to the natural color of the face; the lips are pale and bloodless; a cold and clammy moisture appears, with drops of sweat on the brows and forehead. The countenance has a dull aspect; the features are shrunken and contracted; there is a remarkable langor in the whole expression, especially in the eyes. The nostrils dilate, the temperature is reduced, a shuddering, cold and muscular debility and an extreme relaxed condition results. The pulse is frequent, irregular, feeble and sometimes imperceptible; respiration is short and

jerky, panting and gasping, with vertigo and dimness of vision; sometimes a clearness of hearing is painfully acute. Nausea, vomiting and hiccough also occur. Syncope is usual.

The very essence of shock is its immediate production, before inflammation, septicemia or fat embolism can occur. Delayed shock is due to secondary changes. The well known rapid onset of some of the pathological processes readily comports with the time at which the delayed shock supervenes, also the reaction from the mental exhaustion which occurs from the great excitement. The symptoms are more pronounced from injuries to the trunk and the abdomen, and there may be little or no pain. The rapid pulse is generally due to the beginning of the reaction, for it is usually slower during the shock proper. Vomiting does not occur during profound shock, but is a symptom of reaction. During profound shock the temperature has been reduced as low as 81.75° . The nearer the shock approaches the medulla the lower becomes the temperature.

An Instrument of Precision.

"What is a stethoscope and what is it used for?" asked the professor of the class in anatomy.

"The stethoscope," answered the pupil at the pedal extremity of the class, "is a sort of microscope used by a doctor for the purpose of looking into the chest of a patient with his ear."—*Chicago Tribune*.

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Interesting Cases at the Hospital.

A CASE OF PSOAS ABSCESS.

G. G. GERE, M. D., SAN FRANCISCO, CAL.,

Professor of the Principles and Practice of Surgery, California Medical College.

MR. R. D., a young man eighteen years old, of sandy complexion, came under my observation at the Maclean Hospital on October 1, 1898, with the following history:

About a year before he was working on a header, and while lifting felt that he had hurt his back, but as the pain and soreness lasted only a few days he thought nothing of it, and the matter soon passed from his mind. At this time he was in excellent health, weighing about 145 pounds, and gave no history of previous disease. About two months after the injury he noticed sharp pains, chiefly on the right side following the direction of the psoas muscles, from the lumbar region to the inguinal canal. Soon after a swelling developed on the right side, on about a level with the anterior inferior spine of the ilium, just above Poupart's ligament, which broke and discharged pus freely. Emaciation and prostration followed rapidly and the discharge of pus increased steadily. As he lived in the country but little was done in the way of local treatment, in consequence of which, at the time of entering the hospital, he was almost a skeleton, weighing about a hundred pounds, and presenting the following condition:

On the right side above Poupart's ligament was the opening already described, which was discharging a very irritating pus in great quantities, and

tubercular in character. On the left side, in about the same position, was also a sinus discharging freely; behind, on a level with the first lumbar vertebra, on each side of the spine, were indications pointing to pus burrowing between the muscles and beneath the skin. There was also a reservoir or well containing pus, which extended from near the original opening down to the bottom of the pelvis.

Openings were made on each side the iliac crests, thus making a complete horseshoe abscess, with vents in the lumbar region. These sinuses were flushed daily with a solution of carbolic acid, the fluid passing entirely around, washing out pieces of necrosed tissue, fragments of bone and great quantities of pus. After washing until the fluid came away clear, hydrogen peroxide was injected to clear out the pockets and hidden recesses. After another flushing, an ethereal solution of iodoform was introduced, and dressings and a bandage were applied.

Echinacea was the principal constitutional remedy administered, though tonics, alteratives and nutrients were given when indicated. Under this treatment the patient improved rapidly, and at the end of two months had gained fourteen pounds in weight. His appetite and general appearance were good, and the discharge of pus had almost ceased. The external opening

were healing rapidly, and in every way the patient was making good recovery.

As he was unable to remain longer in the hospital, and feeling so much improved, he concluded to go home and treat himself, which was unfortunate, for he soon grew worse, attributed by him to the hot weather, and his home physician failed to benefit him.

He reentered the hospital on October 24, 1899, in a much worse condition than at first. He was again put on the same line of treatment, excepting the iodoform, of which he complained, and up to the present time is improving; but having had such a backset through lack of treatment his progress will be slow.

A CASE OF CLEFT PALATE.

OPERATED ON BY D. MACLEAN, M. D.,

Dean of the Faculty and Professor of Obstetrics, California Medical College.

THIS case came to the hospital with the following history: Having suffered from this troublesome deformity from birth and having undergone three unsuccessful operations in the East, which had only served to widen the gap between the palate processes.

The roof of the mouth presented a complete cleft, with the exception of a bridge of tissue formed by the uvula as a result of previous attempts to unite the tissues. He had not been able to utter an intelligible word in his life without the use of a plate, which was an absolute necessity while eating and drinking.

On November 23, 1899, the bridge of tissue was divided in the centre, the

edges of the cleft freshened, and incisions were made about five-eighths of an inch from the edges on either side of the cleft down to the palate process of the superior maxilla and the horizontal plate of the palate bones. The tissues were then detached and brought together with six silkworm gut sutures, which were inserted about three-eighths of an inch back from the edges. The ends of the sutures were encased in shot to prevent irritation of the tongue.

The wound healed rapidly and the stitches were removed on November 30th, the granulations appearing healthy and rapidly filling the lateral incisions.

Carbuncles.

O. S. LAWS, A. B., M. D., LOS ANGELES, CAL.

HAVING been called recently to treat a case that seemed unfavorable in prognosis, like a drowning man who recalls a life time in a moment, I tried to recall all that I had ever seen and read of carbuncles.

On September 8th I was called to see Uncle Hiram Curtis, late of Kansas and Ohio, aged 82 years and a patriarch among a large relationship. Hence, many anxious eyes and ears were bent toward the case. As a young

man, only a few blocks away, had died of one recently the element of danger was fresh in every mind.

In Mr. Curtis's case it was located on the back of the head and extended nearly across, the center being a little to the left of the medulla, which was one point in our favor. I had never treated many cases of the kind, but all had recovered. This one caused me to think more carefully as to the cause and a rational treatment.

The carbuncle was deep red and caused a deep and nauseating pain. The eyes were congested; the heart was working feebly and very irregularly, with nervous anxiety. The extra heat was all about his head and seemed to be trying to get into the carbuncle and take all the blood with it. Here was a regular pathogenic storm, the man being its field of action, and the center of the carbuncle was the storm center. Something had plugged up the capillaries so the blood could not pass, so it rapidly filled and engorged the small vessels till the pressure was great in all directions, and the whole vital force was summoned to expel the intruder. Indications pointed to much morbid material in the blood, and that a general renovation was needed to break the force of the storm. Kidneys and bowels were both inactive. The tongue had a "dirty white coat."

So I went to work with internal medication with as much precision and regularity as in a case of enteric fever. Sulphite of soda and echafolta in one glass were alternated with digitalis and pulsatilla in hourly doses all day and part of the night. A triturate of po-

dophyllin in diaphoretic doses, in capsules, was given three times a day to regulate the bowels. And a free use of spear mint tea, to flush the kidneys, was made. Echafolta was given in doses of two drops all the way, but the other drugs were varied to suit the demand, but all gave satisfaction.

Locally, each dressing included a cleansing with a saturated solution of borax, then a ten per cent solution of echafolta and, while wet, a flake of absorbent cotton filled with equal parts of boric acid, tannic acid and acetanilid, large enough to cover most of the carbuncle. A thin poultice over this was used for a few days, but soon left off by mutual consent. Two dressings a day were deemed enough till an opening was formed.

This dressing diminished the redness and pain, and by the fourth day a denuded patch, an inch across and spongy, was observed. A very narrow blade was sent into it not more than a fourth of an inch, and blood flowed profusely. I was anxious for drainage, but did not want much loss of blood. I spoke to Dr. Munk about it, and he suggested two drops of carbolic acid with a hypodermic needle to form a clot and slough for a drainage center. After this I forced the dressing fluids, always warm, into this cavity, and they would ooze out from many other points. I would use the same powder, minus the acetanilid, in cotton, to fill the cavity and over the surface as before.

I expected a large slough and open sore, but it began to shrink rapidly, and at no time was the main opening half an inch in diameter. The storm

center was knocked out, and the storm "went to the four winds."

I am more impressed than ever with the idea that the "crucial incision" should be a thing of the past. We want an outlet as early as possible, but a very small one will do. Why not send in the carbolic acid at first? Or, would it be better to put on a fly blister the size of a dime, and then the acid in the center of that? I believe some such course, with vigorous internal treatment, would cut short most of these cases.

Our patient was discharged in fourteen days, and was soon able to go about as usual. A crucial incision in his case would have been a fatal mistake, as it has been in many cases, no doubt.

The frequent occurrence of carbuncles on the back of the head and neck and down the back is probably caused by pressure against the chair back and resting the head and neck upon the hard cross piece at the top.

The outcome of this case was almost a surprise, and extremely gratifying to all concerned, as the advanced age and enfeebled health seemed to cast a shadow of doubt. The treatment was simple, and whether our success was caused most by the things *done* or those left *undone* may be a question; for the report came of the young man above named that "he was at his usual business on Saturday, the doctors *worked* with him all day Sunday and he died on Monday." Let us pause and reflect.

An Old Time Procedure.

JOHN FEARN, M. D., OAKLAND, CAL.

Say not thou, what is the cause that the former days were better than these? for thou dost not enquire wisely concerning this.—*Ecclesiastes* vii:10.

THE race of people to whom the preacher refers to in the above verse are not all dead yet. In every walk and avenue of life comparisons are being made between the past and the present, and often to the detriment of the present. So that the newly wedded young man who thinks his wife cannot make pie and cake to compare with those made by his mother has lots of company.

In the world of medicine these same comparisons are frequently made, and there are those who think that in these

days of progress, when medicines are made from the products of the field, from the ocean, from the organs, tissues and even fluids of living organized beings, we are going backward, and the practice of the present day is not near so successful as that of the fathers. As a rule we believe all such complaining and comparisons are wrong. And, as said the preacher these many years ago, they who thus complain do not wisely. When we think of the quality of the medicines we use in the present day, we know we are far in advance of the fathers. And speaking from history and from a personal acquaintance with the practice of medicine covering now a good many years, the writer of

these lines can very truthfully say that if he were sick to-day he would rather be treated according to the Eclectic principles and practice of to-day than by any other practice known in the world's history. In his opinion the treatment would be safer, pleasanter and more successful.

But when we have said all of this do we advocate throwing away everything of the past? Certainly not! But as good Eclectics, we believe in scrutinizing everything, both ancient and modern, and then taking that which stands the test of time and experience.

Now, there was one thing in the practice of the Eclectic fathers which this writer, at any rate, does not propose to give up. What is it? I hear some one say. I answer, It is the *Emetic*. Now, I grant you that the early Eclectics made very frequent, and, as I think, too frequent, use of the emetic, I never heard of them doing damage by its use. On the contrary, I believe much of their wonderful success came from the fact that by this procedure they gave the patient a fighting show for recovery. On the other hand it must be admitted that it is in many cases a very unpleasant and objectionable procedure. People do not like to be vomited.

There is quite a prejudice against them, and yet if we look for the foundation for that prejudice, there is no better foundation than that given by a celebrated American humorist, when asked for his objection. He said: 'Well, he once took an emetic and it made him vomit and he would not take another. Now, in spite of all the prejudice

against the use of emetics, every medical man of much experience will admit that he has many times seen cases of sickness where nothing would fit the case so well as a thorough emetic. And if the emetic be properly given there need be no very great unpleasantness about it.

When giving an emetic to clear out narcotic poisons that have been taken with suicidal intent, we have no time to lose, and for that purpose we choose one of the class known as irritants. It may be zinc sulph. or cuprum sulph., any other of this class. The object is to give a remedy that will not have to wait for absorption, but one that will by local irritation cause speedy evacuation of the contents of the stomach. If we wish not only to cleanse the stomach but get the systemic effects of the remedy on the system, we choose a specific emetic. It may be specific ipecac, lobelia, sanguinaria, or it may be we choose the acetic emetic tincture of King's Dispensatory, which is certainly one of the very best; we have plenty of choice.

Take time; give your remedy in small doses frequently repeated; give it with plenty of warm drink. The first thing we want to do is to relax the patient. We push the remedy slowly and faithfully a little longer, and we come to the second stage, nausea. This second stage may be prolonged for a longer or shorter period, according to the effect we want to produce, but usually we may begin to push the remedy a little more freely until the third stage—the stage of vomiting—is ushered in.

By observing the above rules, I have

again and again easily vomited patients who declared, as a result of previous experience, that they could not be vomited, or if they were it would be at the expense of great suffering.

Though I seldom give emetics, yet I can point out plainly cases that nothing will help so quickly as remedies of this class. Take, for instance, a severe case of bilious fever in the early stages, and we frequently find all or most of the following conditions present: Temperature high, severe headache, foul breath, heavily coated tongue, evidence of loaded stomach, with a foul fermenting mass. What is the quickest way out of this trouble? The opponents of emetics will say: Use antiseptics and sweeten the contents of the stomach, then carry them away through the bowels. You might as well try to sweeten a public sewer by dropping in a 3x dilution of carbolic acid. It simply cannot be done without peril to the patient. And nature often comes to the rescue by setting up vomiting on her own account. Now, in such a case as pictured above give the specific emetic; give it slowly, and what is the result? The stomach is emptied and cleansed, the temperature comes down, the headache is gone, the secretions are reestablished and, if the fever is not at once cut short, all the subsequent stages are modified and the danger to the patient is overcome.

Is there any other course known to medical science that will do the same work in the same time? I fearlessly answer there is not. And bilious fever is not the only case of disease where these results can be obtained. But

without giving supposititious cases, let us come to cases in practice and see what can be done with a properly administered emetic.

About twenty years ago, while engaged as surgeon at one of the large mines of the State, a young man consulted me about bringing his brother from England to work at the mine. The mine in question was cold, and almost every man working there suffered with rheumatism. On enquiry I found that his brother had already suffered severely with inflammatory rheumatism. I strongly advised that the young man should not come. But they brought him. In a short time after his arrival I was called to see him. I found him suffering with a typical attack of acute rheumatism, and according to the laws of specific medication *veratrum viride* was the indicated remedy, and he got it prescribed in drop doses every hour. Later the same day I was hurriedly called again to the young man. I found that either by ignorance or carelessness they had given much larger doses than I had prescribed. The remedy had relaxed the patient thoroughly, his fever had come down, and he was vomiting most freely—he threw up a large quantity of bile. The *verat. vir.* was stopped; his stomach was settled; he was kept warm in bed. The fever was broke; the rheumatism gone. I never saw so quick a cure. And to what shall we give the credit? I have never hesitated to give it to the overdose of *verat. vir.*, which acted, as it often will, as an emetic.

Some years ago I was called to see a

little girl who was thirty months old. She was a nervous and delicate child. As she lay in bed she was very pale. She was comatose, and presented the symptoms of coming convulsions. Learning that she had been taken sick after playing in the garden, I feared she might have eaten of some narcotic plant. Her mother, a very intelligent lady, the widow of an Eclectic physician, was very much alarmed. Having in my case spec. ipecac, I gave the child a dose. In a little time she vomited freely, not only the breakfast, but what appeared like the remains of some green plant which had been eaten. The child at once recovered, but when the mother saw the free and easy vomiting, she looked at me reproachfully and said, "Oh, Doctor, you have given my child an emetic." I can assure the readers of these lines I made neither denial nor apology.

Some weeks ago my telephone rung, and as I placed the receiver to my ear I got a message that the father in one of my families was a very sick man and they wanted me immediately. I got on the electric car and was soon at the home of my patient.

History.—The man was a merchant; he had breakfasted before 5 A. M., and had gone to the city; he was busy all day; took no more food until he arrived home at 5 P. M.; he then took a hearty meal.

Condition.—Soon after eating his supper he began to suffer with most terrible cramps in the stomach and bowels. Domestic means were of no avail, and as he was doubled up by the pain his cries were piteous. The family were

doing all they could. The minister had come in to administer the last rites of the church, if needed, for they were afraid of his life, after taking in the situation. I came to the conclusion that the quickest way out of the trouble would be to clear out the stomach. So, without saying, "By your leave," I gave him a good dose of Lloyd's specific ipecac and, to make the work easier, I also had him drink liberally of salt and water. I kept my eye on the patient, and had them bring in a wash bowl. Soon I could see evidences of relaxation. The sweat began to stand out on his face, and in a very little time the stomach was easily and completely emptied of its contents.

Results.—The cramps were relieved; the pain was all gone, and the patient, though thoroughly relaxed, was as comfortable as could be. The minister retired from the scene, and that house, full of confusion and uncertainty when I called, was now the abode of peace and serenity. And I feel bold to say that there is no other method known to medical science that would have worked the same results in the same time.

Here let me say that there are few remedies that will produce emesis better than the old reliable Lloyd's specific ipecac.

There is just one drawback to the use of this kind of medication: If you use the emetic in many cases you will have very little use for other medication.

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Abortion—Threatened and Inevitable.

D. MACLEAN, M. D., SAN FRANCISCO, CAL.,

Dean of the Faculty and Professor of Obstetrics, California Medical College.

IN threatened abortion there are three principles to be observed:

First—Rest.

Second—To quiet nervous excitability.

Third—To weaken muscular action.

The first principle is to be accomplished by placing the patient in bed, shading the room and excluding every one but the nurse.

The second and third can be overcome by chloral, bromide of potassium and opium. Either of these agents control the nervous excitement and muscular action. In one case one will answer, while in another a different agent may be used, according to circumstances. These agents, however, should only be used for their rapid and immediate effect, to be followed by dram doses of the viburnum prunifolium for its permanent influence as a sedative to the nervous system.

In inevitable abortion two principles are involved.

First—Control the hemorrhage.

Second—Expedite the expulsion of the ovum as rapidly as possible.

To control the hemorrhage ergot is admissible in full doses. If the os is not sufficiently dilated and the hemorrhage not too severe, a tampon should be used for the two-fold purpose of arresting the hemorrhage and promoting dilatation. Where dilatation is sufficient, the uterus should be emptied without delay. This may be accomplished by the finger, the spiral curette or the ordinary curette under proper aseptic precautions. While the embryo or any portion of the after-birth remains in the uterus the patient is not safe from hemorrhage or septicemia. Hence the necessity of action and the danger of expectant treatment.

The Treatment of Constipation.

JOSEPH M. MATHEWS, M. D., L.L. D., LOUISVILLE, KY.,

Professor of Surgery and Clinical Lecturer on Diseases of the Rectum; ex-President of the American Medical Association; President of the Kentucky State Board of Health, etc.

A Clinical Lecture delivered at the Hospital College of Medicine, Louisville, Kentucky.

GENTLEMEN:—During the present session of the school, which is now nearing its close, you have witnessed operations for nearly every known disease of the rectum. I am sure you are convinced now, if never before, of the absolute necessity of giving some special study to this class of affections. I trust, too, that by this clinical demon-

stration you will have been profited sufficiently to do many of these operations, thereby relieving a large class of sufferers, a class, too, which has been wonderfully neglected in the past by the profession. You know how common it is for all such affections to be designated as "piles," and the patient to be assured that an ointment will

affect a cure. Your experience here will prove to you what an error it is to so classify these troubles. You have seen at these clinics men and women whose lives have been wrecked by the want of proper treatment. Need I mention such formidable diseases of the rectum and colon as tuberculosis, syphilis and cancer, and the so-called minor affections, as hemorrhoids, fistula, proctitis, ulceration, stricture, prolapse, polypoid growths, eczemas, pruritis, etc. Let me beseech you, therefore, not to look too lightly upon this class, but at least give them the benefit of a careful examination before you dismiss them. At the last clinic to be held this session I have summoned a number of patients who are not seriously ill, nor do they need any surgical operation. You see here some aged and some middle aged, while here to my right is a very young person. Each one of these is a subject of that very common and, what is very generally regarded, very simple ailment—*constipation*. Before I begin to explain the condition of these patients, or this class of patients, permit me to say that constipation is a relative term. What is constipation to one is not constipation to another. Very often you will hear a person say, "If my bowels do not move every day I feel badly, headache, langor and tired." Another in apparent good health will inform you that his or her bowels move on every second, third or fourth day. The late Dr. D. W. Yelland once told me a patient in describing her trouble, that so far as her bowels were concerned, she was all right, as they moved with perfect

regularity *every two weeks*. I have made mention to you of a case treated by me and which is fully described in my work on "Diseases of the Rectum," a young lady whose bowels moved only once every three months—four times a year.

I do not wish you to be impressed with the idea, either, that constipation is a simple thing, for, to the contrary, it is often a very serious thing. I once heard an old physician say that "if his bowels moved in the morning he was sure that he would not die that day." As he is now dead I have wondered "if his bowels moved on that day."

Let us for a little time consider the physiology of defecation. The fæcal mass has the cæcum as its starting-point, and when a "call of nature" takes place it means that a peristaltic wave occurs, which moves this mass rapidly through the colon, dropping it into the sigmoid flexure, thence into the rectum. If the "call" is heeded by the individual an "action" is the result. If, through false modesty, attention to business or general laziness, attention is not paid to this effort of nature, then the watery constituent, which is greater, is absorbed and carried into the circulation. In consequence, we have an *auto-infection*, which may prove of serious import. You may readily understand that by the absorption of the fæcal mass, a poison that the whole general system would be deranged. The red blood corpuscles are diseased, altered in color and lessened in power. Hence a sallow complexion, dark rings under the eyes, cold extremities because of less supply of oxygen; lethargy

due to vitiated blood and enfeebled corpuscles. The system is not nourished, hence the loss of flesh; the diseased blood circulates through the nervous system, and there is in consequence nervous depression—we might say *nervous exhaustion*—the pulse is slow and easily compressed; the organs of digestion and assimilation are lowered; there is loss of memory, no concentration of thought, and a great disposition to drowsiness. Notwithstanding that these patients are generally “sleepy,” they are not relieved by sleep. All the functions are unsatisfactorily performed. If this condition is not relieved, disease and suffering must be the result. There is another phase of constipation that I would have you consider. We have said that the liquid contents of the fæcal mass is absorbed, the solid portion remains in the flexure and rectum. Daily and weekly this dried mass is added to and in consequence we have the whole pelvic circulation deranged; external piles are produced, internal piles made to bleed; atony of the coats of the bowel takes place, congestion, inflammation and ulceration may result. Truly, then, constipation is no “slight” matter. What, then, shall we do for this condition? I once heard a doctor say he would give a thousand dollars for a “specific” for constipation. I really believe the investment would have been a good one, when we consider how many people are affected.

Before attempting to map out any line of treatment, I wish to impress upon you that you should diagnosticate between what is known to medical

men as *obstipation* and *constipation*. The former may arise from a mechanical cause, as an irritable and contracted sphincter, a stricture or growth in the rectum, and some believe that the valves of the rectum play a part here. Of course, if either of these conditions are detected, you should turn your attention to their removal. I have relieved many cases of so-called constipation by dilating the sphincter muscle. But what should be done in a medical way to eradicate this condition? Let me say that you will find as most excellent adjuvants in the treatment of many of these patients: electricity, massage of the abdomen, cold baths and exercise. Every physician seems to have some favorite prescription in the form of a pill or a solution, but they are constantly informed that “they have lost their power.” Of course you have heard that the “regular habit” should be indulged in; that enemas are good under certain conditions, and a pill is necessary. But do such effect a cure? Very rarely. Each case must be studied as an individual one. Fat people as well as the lean are affected in this way—the young as well as the old. Women are more given to the habit than men, and I believe the reason to be that they are possessed of a womb. You will often find that a displaced uterus, or an enlarged one with adhesions, is responsible for the constipated condition. It is common with young school girls, who in the rush to get early to school neglect the very important duty of having their bowels move in the early morning. Among serviceable drugs in the treatment of

this affection you will find the following: Cascara sagrada, sulphur, belladonna, nux vomica, sulph. iron, buckthorn, ipecac, magnesia, the mineral waters, and many others, either alone or in combination.

But let me impress upon you the necessity of making a more thorough study of such a case. If the patient who consults you is really desirous of getting well he should at least give you a fair chance to cure him. Supposing then you have such consent, I would advise you to proceed in the following way: First, try and ascertain what is the *cause* of the constipation. In this connection, I wish to state that after an examination and observation of these cases extending over twenty years, I am forced to believe that the majority of them have as a basis a constitutional derangement. In trying to solve the problem, it was observed that many of these patients were of a rheumatic or gouty diathesis. Acting upon this hypothesis, I have treated them by combating this special trouble and have found that in many cases the constipation would take care of itself. There are many preparations that you can use for this purpose, but the best is some form of lithia. Waters containing this salt will be found of service if taken in large quantities and for a long period of time. However, in my own practice I prefer to use the drug in a more concentrated form. I have, therefore, been using for some time a preparation of lithia known as thialion, with a marked degree of success. I direct that it be given in teaspoonful doses, given in a full glass of hot water

before each meal. My theory is that in the rheumatic or gouty subject the intestines are brought under the same conditions that the disease or diseases are made manifest in other parts of the body. The muscular coat of the intestines is partially affected by this gouty condition, and in consequence loses its contractile power. Anyway, I have cured patients of the constipation habit by this drug alone. To proceed, I would say to the patient that he must submit to my directions. You will find that in lieu of the rectal enema, that if a *high* enema is given through a Wales bougie, say of a half to a gallon of water two or three times a week, it will be much more satisfactory. The object is to replace the amount of water which has been lost by absorption of the fæces. A fruit diet, together with the drinking of large quantities of water, should be enjoined. Massage of the abdomen by the patient himself, who should be taught the route of the colons, should be advised. The sweets should be forbidden, and only plain, nutritious diet be observed. I consider the administration of drastic purgatives harmful rather than beneficial. If you will watch this class of patients as carefully as you would any other chronic one, you will be rewarded by success. I beseech you not to get into the habit of prescribing for them in a routine way, for if you do they will soon desert you and go elsewhere; besides you will do them no good.

If you would keep up with the times, you must read the JOURNAL.

Accidental Wounds of the Female Bladder.

FRED. HOLME WIGGIN, M. D., NEW YORK CITY.

[Presented to the Section on Obstetrics and Diseases of Women at the fifteenth annual meeting of the American Medical Association, held at Columbus, Ohio, June 6-9, 1899.]

ACCIDENTAL opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., unmarried, æt. 41, was admitted to the City Hospital, Blackwell's Island, N. Y., Sept. 30, 1898, suffering from a large myoma, which sprung from the anterior uterine wall and extended above the umbilicus. On Oct 3, the abdomen was opened and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had been previously shut off with gauze pads and thoroughly irrigated, followed by the use of Hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and

there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder-wound extra peritoneal. After further washing out of the abdominal cavity with Hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble, it was not thought advisable to make a vesico vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and on opening it, urine began to escape. A vesico vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with Hydrozone, its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in *British Medical Journal*, 1897, Vol. I, p. 1282) reports a case of ruptured bladder on which he had operated. It was closed by means of a double wall of Lembert silk sutures. The wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluids had been removed. For a few days the patient did well, and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and Hydrozone been used, instead of boric acid, and the abdominal wound been closed, leaving saline solution in the peritoneal cavity, the patient would probably have recovered.

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Teething children.

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

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Dr. H. Neal writes: A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated.

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The following personal letter, the original of which is on file in our office, is valuable testimony: "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

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Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended, but as a remedy for allaying nervous irritation, especially in women as well as for teething children, I find the Cordial meets a want in my practice which I have long desired to fill.

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A Review and Digest **MEDICINE and SURGERY**

Perdidi Vitam—Vale, Mundel

Good night, old world—good bye to all your joys,
Your sorrows, pleasures, passions, pomps and noise.
I leave you for the eternal silence of the stars,
The deafness of unbounded space, where bars
No longer hold the soul in durance vile;
Where naught can wound and nothing can defile;
Where the pure spirit shall despise the things
The sense on earth hath loved. On wings
Bathed in the ether of eternity—
How sweet to feel from every passion free—
And yet it is an awful leap to take!
Into the great unknown, perchance to wake
To greater woes, indeed, than those we have
And hoped to bury in the silent grave.
But still the great majority is there.
Why should we, then, turn pale with fear?
Or tremble when the hour supreme has come,
As soon or late it must? Man's final home—
The grave—at least gives rest from troubles here,
And we may hope for sweet oblivion there.
Then, Charon, come! I signal thee to-night.
Come—row me o'er the Styx, I've lost life's fight.

On the reverse side of the sheet on which the poem was written appeared:
And yet it is an awful leap to take into the great unknown.

These beautiful lines were the last production of that brilliant writer, eloquent speaker, profound scholar and gentle, generous gentleman, Dr. Thos. Osmond Summers, before taking that awful leap into eternity. The beauty

and depth of feeling expressed would do credit to a Shakespeare or a Byron.

The Etiology of Scarlet Fever.

H. O. Hall, in the course of twenty-five years' service in the library of the Surgeon General's office, in connection with the compilation of the "Index Catalogue," was led to make a somewhat extensive research into the literature on the subject, "Milk as a Cause of Disease," which revealed the following facts:

1. That, while scarlet fever occurs in epidemic form in all countries, especially among children, it does not occur in countries where cow's milk is not used as a food, or where children are raised on mother's milk only.

2. That in Japan and China, where cow's milk is not used as food, scarlet fever is unknown, or very rare.

3. That in India, where cow's milk is used as food, but where, as in Japan, children are nursed until three, four and even six years old, scarlet fever is rare, if not unknown.

4. That in countries where goat's milk and ass's milk are used, scarlet fever is unknown.

5. That epidemics of scarlet fever in London and elsewhere have been traced directly to the use of milk from certain cows affected with the teat-and-udder disease, and that milk had not come in contact with the disease in man.

6. That certain diseases in the lower animals are coexistent with or precede or follow similar epidemics in the human race.

These six conclusions in regard to

scarlet fever in its relation to cow's milk, arrived at after an entirely independent investigation, are identical with those of Dr. McQuestion in regard to consumption in its relation to cow's milk, from investigations made by him and published in the *Medical and Surgical Reporter*.

Gelatin Serum as a Hemostatic.

Gelatin serum for hypodermic injection as a hemostatic is freely prescribed on the continent. If injected beneath the skin, a one or two per cent solution is generally employed. This may be prepared as follows:

| | |
|----------------------------|---------------|
| Finest white gelatin..... | 10 to 20 gms. |
| Sodium chloride..... | 5 " |
| Pure sodium carbonate.. | 2 " |
| Distilled water, q. s..... | 1000 " |

The solution should be filtered and carefully sterilized. For local application a stronger solution may be employed, composed as follows:

| | |
|----------------------------|---------|
| Sodium chloride | 10 gms. |
| Pure white gelatin..... | 10 " |
| Distilled water, q. s..... | 500 " |

In preparing the solution, the gelatin is broken into small pieces and dissolved in the saline solution with gentle heat. A Chardon filter should be employed which has been previously washed in hot distilled water. The filtrate is allowed to flow into sterilized flasks, which are then plugged with cotton wool and sterilized in an autoclave at a temperature of 100° C. If a temperature greater than 105° C. be employed, the blood coagulating power of the gelatin is destroyed.—*Medical Review*.

Surgical Hints.

In phlegmonous conditions affecting the hand or forearm, long continued baths in mild antiseptic solutions are of great usefulness. The ordinary elongated fish boiler is very convenient for this purpose, as the whole arm and forearm may be placed in it and allowed to remain in it for hours at a time.

When searching for a pistol or rifle bullet, it is of the utmost importance to find out the exact position of the patient when he was shot, and the direction from which the missile came.

In making plaster-of-paris bandages, or in using those that are ready-made, see if the plaster appears damp. If so it will not set well, but may be greatly improved by placing it in the kitchen oven for a short time.

It is well to remember that in concussion of the brain death often takes place through paralysis of the respiratory centres. In these cases the prompt use of artificial respiration may tide the patient over his danger. If the heart centres appear to be involved we must stimulate, and for this purpose there is nothing better than heat applied to the præcordial region, together with such drugs as nitrite of amyl, nitro-glycerin, strychnine, ammonia, etc. Alcohol and strong coffee may be administered in enemata.

In partial amputations of the foot it is essential to prevent contraction of the tendo Achillis, either by tenotomy or by the use of splints, which will much interfere with the fitting of an artificial limb. The tendency of surgeons is more and more to discard these

partial amputations and cut above the maleoli, an operation giving less chance of sepsis, a better stump for an artificial limb and greater ease of performance.

In children, a pain occurring symmetrically about both shoulders should lead the surgeon to examine for cervical caries. In rheumatism the pain is of a very different character, and practically does not affect both sides so evenly.

Make it a practice to always prepare packages of sterilized sponges, made out of cotton or cotton and gauze, and always containing the same number, say six. Then if you operate in a cavity you will always know whether you must account for six, twelve, eighteen, etc. We have seen an operator become pretty white when, at the end of an intra-abdominal operation, he declared he had forgotten to count his sponges before operating.—*Int. Jour. of Sur.*

Mistletoe.

There is but little literature on the action of this remedy, and yet it deserves study, as it is destined to fill an important place. The dose of the specific medicine is from five to forty minims.

In its influence both upon the cerebral circulation and upon the womb and reproductive functions it acts similarly to ergot. It is indicated where there is a flow of blood to the brain and frequent headache and flushing of the face. In hysteria, epilepsy and other nervous diseases; in paroxysms of tearing and rending pains, rheumatic and neuralgic, is a pain subduer of much power.

With these conditions it is exceedingly valuable in ammenorrhea, dysmenorrhea and as an oxytocic. Its influence is, perhaps, more marked in labor than when prescribed for any other purpose. It is highly spoken of as a parturient remedy because of the mildness of its action.

In its action on the womb it is in some particulars superior to ergot. It is a drug capable of producing intermittent uterine action, as distinguished from the tonic contractions caused by other oxytocic medicines.

It exerts its full force on the long muscles of the uterus, acting on the fundus, while the cervix remains soft and uncontracted. It may be given early in labor to give tone to the contractions; does not act spasmodically, but steadily and for a long time; it is not followed by any untoward effect; does not, like ergot, produce hour-glass contractions; has a tendency to keep the womb contracted after the expulsion of the placenta and attachments; does not act on the circular muscles of the womb; is a safe oxytocic, as the effects can be continued for hours with small doses.—*Chicago Medical Times.*

In the treatment of ozena Hamm states that first of all citric acid, like all fruit-juices, acts as a powerful deodorizer and completely removes the specific ozenic feter. Secondly, it possesses marked healing properties. The author obtained a cure in several cases. The mode of employment is as follows: Every morning the nose should be rinsed out and freed from pus and crusts. Then, by means of insufflation,

powdered citric acid is introduced three times a day, mixed with equal parts of sugar of milk. Deoderization can be noticed at once, and lasts for several days, even if the process is not repeated. The secretion is also speedily and considerably reduced.—*N. Y. Med. Journal.*

Important Tips.

1. The value of small doses of tincture of aconite frequently repeated in the treatment of amygdalitis and in the initial stage of febrile diseases.

2. The value of painting the chest and back with liquor iodi fortis—diluted, if necessary, with an equal quantity of the tincture—in all cases attended with cough.

3. The value of a pill of exsiccated ferrous sulphate in conjunction with the administration of purgatives in the treatment of anemia.

4. The value of grain doses of grey powder with an equal quantity of Dover's powder from three to six times a day in the treatment of syphilis.

5. The value of large doses of the iodides in the treatment of tertiary syphilis.

6. The value of large doses of bromide of potassium in the treatment of the "heats and flushes" which women suffer about the time of the menopause.

7. The value of large doses of quinine in the treatment of supra-orbital neuralgia, and in the periodical febrile disturbances from which old malarial patients suffer.

8. The value of five grains of butyl-

chloral hydrate with one two-hundredth of a grain of gelsemin in neuralgia of the fifth nerve.

9. The value of small doses of a saturated solution of camphor in alcohol in the treatment of autumnal or choleraic diarrhea.—*Dominion Med. Mon.*

Typhoid Fever.

Typhoid fever is a disease peculiar to human beings. None of the domestic animals being susceptible to it, direct transmission from the cow is not possible.

Milk, however, is an almost ideal culture medium for the growth of the various pathogenic and other bacteria, and whenever the water that is used for the cleansing of cans or for adulteration is contaminated with typhoid dejecta, the milk may become infective and dangerous in the highest degree through the development in it of the germs now recognized as the exciting causative agent in this disease, and which are always present in the evacuations of persons affected with typhoid fever.

The bacillus typhosus does not curdle milk or give any sensible evidence of its presence. Whenever, therefore, typhoid fever is prevalent, it is advisable to boil or pasteurize all milk, such treatment of it being applicable at all times, whether typhoid fever is prevalent or not.

Freeman of New York has reported fifty-one different epidemics of typhoid fever originating from or directly connected with a contaminated milk supply.—From an opinion on "Typhoid

Fever" by Dr. Howard Carter in the *Medical Review*.

Cyanosis in Croup.

Many who have had but little experience in croup are too often misled as to the dangerous symptoms present by the absence of cyanosis, thinking that cyanosis is the cardinal indication for operative interference. They seem to forget that the exhaustion incidental to drawing sufficient air through the narrowed chink of the glottis by means of the powerful auxiliary muscles of respiration, is of itself a serious menace to the life of the patient, whose heart is enfeebled by toxins. The recession of the supra-clavicular and intercostal spaces and sub-sternal region are most important indications for immediate intubation. Perhaps the generally most satisfactory sign for interference, when in doubt, is, as pointed out by O'Dwyer, insufficient aeration of the posterior portion of the lungs as evidenced by greatly diminished or absent vesicular breathing.—*Pediatrics*.

Statistics appear to show that chloroform is less dangerous in the warm countries than in cold. It is therefore always advisable, whenever for any reason chloroform is to be preferred to other anesthetics, to see that the operating room has a high temperature.—*Mass. Med. Journal*.

Scabies.

Scabies should not be treated by irritant ointments. The adoption of the following method has been urged: The

patient is instructed to take a thorough bath, after which sand soap is to be used upon the tougher portions of the integument. Powdered washed sulphur is then rubbed over the entire skin surface. Sulphur should also be placed between the bed sheets and shaken so as to evenly distribute the powder. This should be repeated for several nights, a cure being usually effected in a week. It should be used as a prophylactic whenever an individual is exposed to scabies.—S. Sherwell in *Boston Med. and Sur. Jour.*

Thirst in Infants.

It is a mistake to suppose because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained for some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. The child would be benefitted in a great many ways if allowed an occasional drink of water.—*Medical Classics*.

College, Alumni, Personal

The Associated Students, C. M. C., held their monthly meeting Thursday, Dec. 7, 1899.

Dr. J. Beard, '99, visited college and looked as natural as ever. He has visited Europe since graduation, and is now ready to settle down to practice.

Studies closed at the college on the

fifteenth of December for the Christmas vacation of two weeks. Classes will again meet on Tuesday, January 2, 1900.

Professor Logan, whose health had been impaired from over work, has returned thoroughly recuperated. He has again resumed his work at the college.

Dr. W. A. Lavery, '99, has returned to San Francisco. He has been practicing in Redding, Cal., where he did a good business, but on account of ill health was unable to stay.

Professor Church examined the Seniors in physical diagnosis on November 27th. When in a very demure way he said, "I have limited the examination to only thirty questions," you can imagine the look of despair that came over the faces of the students.

The Class of 1900 gave the annual entertainment and hop on Thursday evening, December 14th, at Golden Gate Hall. It was a success, of which the class and committee of arrangements may well be proud. The programme was as follows:

Cello solo, selected.....Mr. Panelli
Baritone solo, selected...Mr. C. Schwerster
Accompanist, Mrs. L. J. Murdoch.
Piano solo, "Concert Waltz,".....
.....Mrs. S. P. Blumenberg
Cornet solo, selected....Mrs. L. A. Larsen
Accompanist, Miss Bessie Shipley.

The entertainment was followed by dancing, which lasted until 12 o'clock. From all sides were heard expressions of having passed a very pleasant evening.

Dr. J. G. Murrel, '81, visited the col-

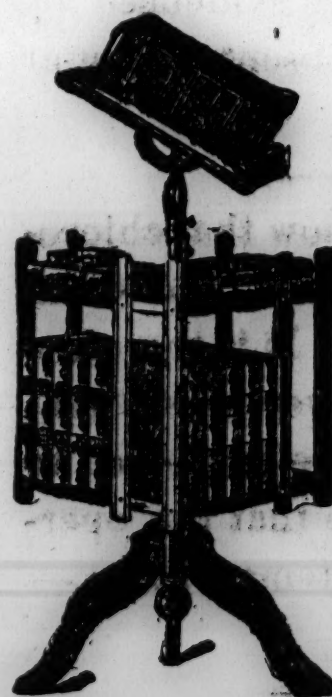
lege and our office November 21st. He has been practicing in Tracey for nine years, where he has been the local railroad surgeon, but will move shortly to Bakersfield. The Doctor is a loyal supporter of the JOURNAL, and always has a good word for the college. If we all do the same and help in the little things, we shall carry the JOURNAL, the college and Eclecticism to the highest pinnacle of success.

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As a premium we offer during the year 1900 the
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To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco, California

*Editorial.***Special Enquiry.**

The California Medical College has been teaching students for twenty years, and we are desirous of making a record of the success or failures of its graduates. We ask each graduate to send to the Dean a personal history of his position, medical, social and political.

D. MACLEAN, M. D., Dean,
710 Van Ness Ave.

A Quarter of a Century of Progress.

With the beginning of this, the last year of the nineteenth century, it seems right that we should briefly speak of the progress of Eclecticism in California and the changes that have taken place in the JOURNAL.

Doubtless there are but few of our

readers who remember that less than thirty years ago there was an institution founded in Oakland for the teaching of Eclectic medicine. The students were few and the faculty composed of less than a dozen men. In all the State there were only eleven Eclectic practitioners. These few men kept the doors of the college open, and later, when it was assured that San Francisco would be the metropolis, the college was moved to its present location, a hospital was opened and the JOURNAL made its first appearance. During this time new men had arrived from the Eastern States, and putting their energy and dollars into the allied institutions they placed all on a secure basis. Students began to fill the hitherto empty seats, and the college began an era of prosperity which has placed her on a par with any like institution on this Coast. Beginning with a faculty few in number, but inspired by the spirit of right, which conquers all things, bound closely together and in touch with every Eclectic in the State, realizing the need of one another's support, the California Medical College has a record of which every Eclectic should be proud; for it is a record not only of success, but of success gained with clean hands. As the facilities for a better preliminary education were given the people of California, the requirements for admission to the college were increased, and as a result the classes are now composed of men who are fitted intellectually to maintain their proper position in society. This has resulted in fewer graduates, but the record that these men make in after life is a

testimonial to the wisdom of this policy.

Of course, the history of the California Medical College is not free from revolutionary chapters. No progress was ever made without overcoming or pushing aside some obstruction. But every such period of turmoil has resulted in good for the greatest number concerned. To-day the institution is doing better work, with a better faculty and a better class of students, than ever before.

The history of the college has to a great degree been that of the JOURNAL. The progress and improvement have been the same in both, and now, as we present the twenty-first volume in a new cover and with improved press-work, we invite criticism without fear. Compare the CALIFORNIA MEDICAL JOURNAL with any other like publication as to paper, press-work and arrangement of material, and we feel sure you will be proud to say you are a subscriber. But these improvements and the bright instructive articles which you enjoy reading, have not been gained without the expenditure of both time and money. We have often felt discouraged when we looked over the accounts and found so many of our own graduates who have been negligent in the settlement of the small amounts due for subscriptions. Is it possible that the younger generation will allow the institutions, which cost those few struggling pioneers of California Eclecticism so much, to retrograde for lack of hearty and substantial support?

The JOURNAL is a part of the college, and, we are sorry to say, is a burden

the college can ill afford to bear. With nearly 1000 Eclectics in the State there is no good reason why the JOURNAL should not be a source of revenue instead of an expense. We should all lay personalities and jealousies aside and work for the right principle. We are gaining each year in numerical strength, but the united effort, which crowned the labor of the early workers with success, has been lacking. We are all too prone to leave the brunt of the battle to the other fellow! But we should remember that those men who made the early struggle; who put their time and money into the institution which has made medical education based on Eclectic principles possible for us, are now bowed with the weight of years, and it is to the younger men that they look to take up the work.

Support the college and the principles for which it stands. Don't draw your head into your shell and let the other less sturdy men grapple with the issues and problems which assail the status of our school on this Coast. The progress of Eclecticism in the Eastern States has been steady and triumphant. The position there is secure. We must make it so in California, and the one way to accomplish this is to work for the good of the college. Send good students, with the assurance that they will be well trained. Subscribe and get others to subscribe for the JOURNAL, so that the college can be free to take every advantage of the opportunities for improvement which may arise.

In conclusion, we wish to thank our subscribers for their loyalty. We solicit articles from all, and hope for a more

general, hearty and substantial support than has been accorded the JOURNAL in the past.

A happy and prosperous New Year to all.

Erratum.

We wish to correct a typographical error which escaped the eagle eye of our proof-reader in the first sentence of Case 1 in the article by Dr. Hamilton in our last issue. It should have read: "A young man nineteen (instead of fifteen) years of age, the son of an asthmatic father, having suffered with this malady since he was fifteen," etc.

We had the pleasure of dining with Dr. W. P. Scott, resident physician, and Mrs. Irving, matron of the Maclean Hospital, Thanksgiving Day. The turkey dinner was fine—as good as moth-

er's—and as that is a sample of the fare, we wouldn't object to being a steady boarder at the hospital.

Club Rates for 1900—In Advance.

Club rates for 1900 with Eclectic journals only have been established according to the rates below, strictly in advance:

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Publisher's Notes.

We wish to call attention to the fact that many subscriptions are now due. If you are among the delinquent ones please remember to send us your \$1.50 this month.

For Sale.

An established, paying drug business well located on the business street of one of our bay towns. For particulars enquire at this office.

SAN JOSE, Cal., Sept. 21, 1896.

I have prescribed the Turkish bath during the past fifteen years with gratifying results. The Turkish bath regulates nutrition, thus controlling a long list of diseases. A simple and convenient apparatus for giving the Turkish bath at home is Robinson's Thermal Bath Cabinet.

FLORENCE A. BELKNAP, M. D.

An Interesting Report.

A well known surgeon of Chicago tells us of an interesting case of senile pneumonia, seen in consultation. He prefers that his name should not be mentioned in connection with the case because of his surgical work, but permits us to refer inquirers to him for verification:

The patient was a man 72 years of age. The consolidation was extensive, and his resisting power was very slight. He gradually sank lower and lower, until he was finally in a state of partial coma, and no radial pulse could be detected. Strych. sulph., nitro-glycerin and brandy were given hypodermically

and per rectum, but with absolutely no effect. The friends had been informed that there was no hope of his recovery.

As a last resort the consultant suggested to his confrere that they try Liquid Peptonoids, as he had had excellent results with it in children when in a state of collapse. The patient was then given 3ss of Liquid Peptonoids every fifteen minutes. In about two hours a faint flickering of the pulse was felt at the wrist, which rapidly increased in strength and ceased to be intermittent.

The interval between the doses was lengthened as his heart power improved. He was, however, given Liquid Peptonoids until his final recovery, which occurred in a comparatively short time. He is now in excellent health.

The physician who reports this case regards Liquid Peptonoids as a "life-saver" in all cases where the vitality is at the lowest ebb.

In cholera infantum he gives the little patients Liquid Peptonoids by the mouth and per rectum. When used in this manner he dilutes it with a little water. He says in some of these cases the sphincter muscle has lost the power of contraction, and he has been obliged to have a compress held at the anus that the Liquid Peptonoids might not escape. Even in these desperate cases it has done the work when brandy and other stimulants have failed, and at the same time has markedly sustained the patient.

For some years I have been a very warm admirer of Sanmetto, and have

found its action marked and well defined in the cases wherein I have used it. In cases of prostatitis, with loss of virile power, in elderly men, I find its action superb. In chronic specific urethritis, cystitis and all irritable conditions of the urinary tract, I find Sanmetto very efficacious. I do not hesitate to recommend it as a standard preparation in cases where the action of pure santal and saw-palmetto is indicated. JOS. MARSHALL, M. D.,

Durand, Mich.

"A Century of Progress in Surgery."
—This is the title of a booklet published by the Norwich Pharmacal Co., and is indeed a very interesting and instructive little book. It gives a history of over two hundred cases, which serve to illustrate the great field of usefulness of their valuable product, Unguentine. The book is really deserving of a better binding.

COLUMBUS, O., Jan. 13, 1896.

Robinson's Thermal Bath Cabinet Co.
GENTLEMEN: I have used your Thermal Bath for many months in the treatment of colds and attacks of myalgia and rheumatism. I know of no other treatment which is as prompt and efficacious. D. N. KINSMAN, M. D.

Try Bovinine as a remedy for catarrh, anemia, cholera infantum, typhoid fever and hemorrhagic collapse.

We are in receipt of two pamphlets, Nos. 5 and 6, from Battle & Co. No. 5 is entitled, "Puerperal Eclampsia and Malarial Neuralgia," in which they call

attention to their remedies, Bromidia and Papine, and substantiate their usefulness with a report of cases. No. 6, "Blood Dyscrasia," calls attention to their anti-purulent, Ecthol, and is well worth reading.

For Eczema.

R. Salo-Sedatus.....3j
Corrosive Sublimate (powd.) .gr. ij.
Oil of Cade (Younkin's).....3ij

M. Apply twice a day. As the patient improves, one application will be sufficient, and, finally, once a week. This relieves the itching and cures. We put this against any treatment in use.

As a tonic Worden's Duo-Peptonate is not excelled. Its stimulates the blood-making powers by improving digestion and toning up the general system.

The Genuine Waterhouse Medicated Uterine Wafers.

SWORN STATEMENT.

This is to certify that I, Augustus H. Weber, was appointed by the St. Louis Circuit Court No. 6, Judge Woods presiding, receiver of the Waterhouse Pharmacy Co. on December 3d, 1897, with instructions of the Court to take charge of all its effects and assets, including goods on hand, machinery, utensils, labels, trade marks, good will, book accounts, etc.

On March 19th, 1898, I sold the business to the present owners, Dr. A. Hesse and others, under order of the Court, and they acquired all the stock, name, labels, good will, book accounts, trade

marks, etc., including the name of the Waterhouse Medicated Uterine Wafers and the name of the Waterhouse Pharmacy Co. Therefore, theirs are the only genuine on the market, and all others representing to have the Waterhouse Medicated Uterine Wafers are imitations and frauds upon the public and are liable to prosecution in the courts for making or selling goods under the name of the Waterhouse Pharmacy Co.

AUGUSTUS H. WEBER,
Late receiver of the Waterhouse Pharmacy Co.

Subscribed and sworn to before me this 16th day of June, 1899.

[SEAL]

JOHN F. BRADY,
Notary Public.

In Venereal Disease.

Dr. W. H. Bentley of Woodstock, Ky., has found Unguentine extremely beneficial in the treatment of bubos and venereal sores.

"I would be unmindful of my duty to my brother practitioners if I did not give you some results I have obtained from the use of your most valuable preparation. I have used it mostly in treating cases of venereal diseases, such as bubos and syphilitic sores. I have also used it as a lubricant for bougies and sounds. In one case, a young man who had been severely burned by nitrate of silver, I succeeded in the abortion of a large syphilitic ulcer by the prompt use of Unguentine.

"In another case I used it as an injection in the urethra by melting Unguentine and obtained almost instant relief. I find it the best remedy in all

such cases, after fifteen years of practice, and most certainly shall continue its use."

The Allison Table.

For beauty of design and perfection of workmanship and adaptability in greatly facilitating office practice, the W. D. Allison Co. have taken the lead in the manufacture of physicians' operating chairs and tables.

N. W. Mallery, the successful and genial instrument dealer, is the Coast agent for these goods and is always ready and willing to exhibit them at his place of business on the sixth floor of the Crocker building.

Winter Coughs—Grippal Neuroses.

That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmate was due, as Bartholow says, to its special action on the pneumo-gastric nerve. Codeine stands apart from the rest of its group in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use, while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

The coal-tar products were found to

have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some of them are safe, while others are very dangerous. Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice, and has proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore Antikamnia and Codeine Tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung affections, grippal conditions, etc.—*The Laryngoscope*.

Pruritis Vulva.

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Refraction and How to Refract, Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eyeglasses, etc., by James Thorington, A.M., M.D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Wills' Eye Hospital; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vineland Training Schools for Feeble-minded Children; Resident Physician and Surgeon Panama Railroad Co. at Colon (Aspinwall), Isthmus of Panama, 1882-89, etc. Two hundred illustrations, thirteen of which are colored; octavo, 301 pp.; \$1.50 net, cloth; P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

The design of the author has been indeed carried out to the letter, for the text is systematic and practical, so that the student, starting with the consideration of rays of light, is gradually brought to a full understanding of optics.

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Clinical Lectures on Neurasthenia by Thos. D. Savill, M. D., Physician to the West End Hospital for Diseases of the Nervous System, London; Examiner in Clinical Medicine in the University of Glasgow; formerly Medical Superintendent of the Paddington Infirmary; Assistant Physician to the West End Hospital, etc. William Wood & Co., publishers, New York.

The term neurasthenia has long been used as a cloak under which a long train of vague symptoms due to neurosis has been hidden, and the very name itself seemed shrouded in mystery, as a result, no doubt, of a lack of a thorough understanding of the subject by the profession at large.

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Operative Surgery by Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital College, etc.; D. Appleton & Co., New York.

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cise to render the volume of value for reference as well as general study. The illustrations are unusually numerous, and the colored plates are especially fine. The chapter on plastic surgery is worthy of especially favorable mention, every stage of the various operations being ably illustrated. It is essentially a book for the general practitioner, and in it he will find ample guidance for all work in surgery which does not strictly belong to the gynecologist or ophthalmologist.

The Illustrated Dictionary of Medicine, Biology and Allied Sciences, by George M. Gould, A. M., M. D., Ophthalmic Surgeon to the Philadelphia Hospital and Clinical Chief Ophthalmological Department, German Hospital, Philadelphia; fourth edition, 1633 pages, large square 8vo; leather \$10 net, half russia \$12; P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

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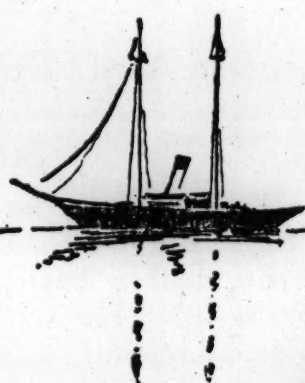
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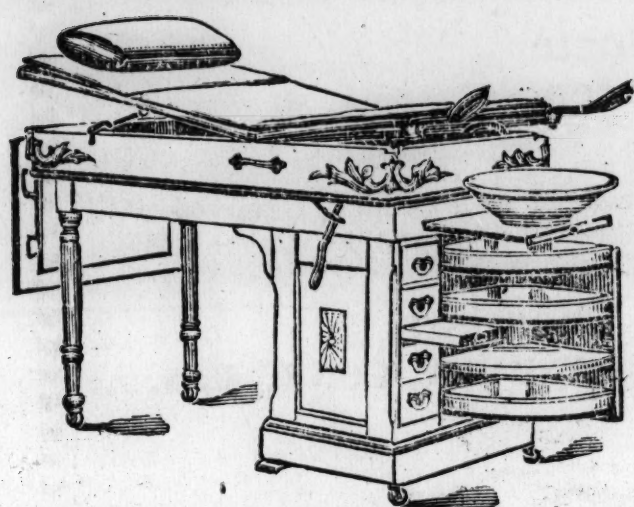
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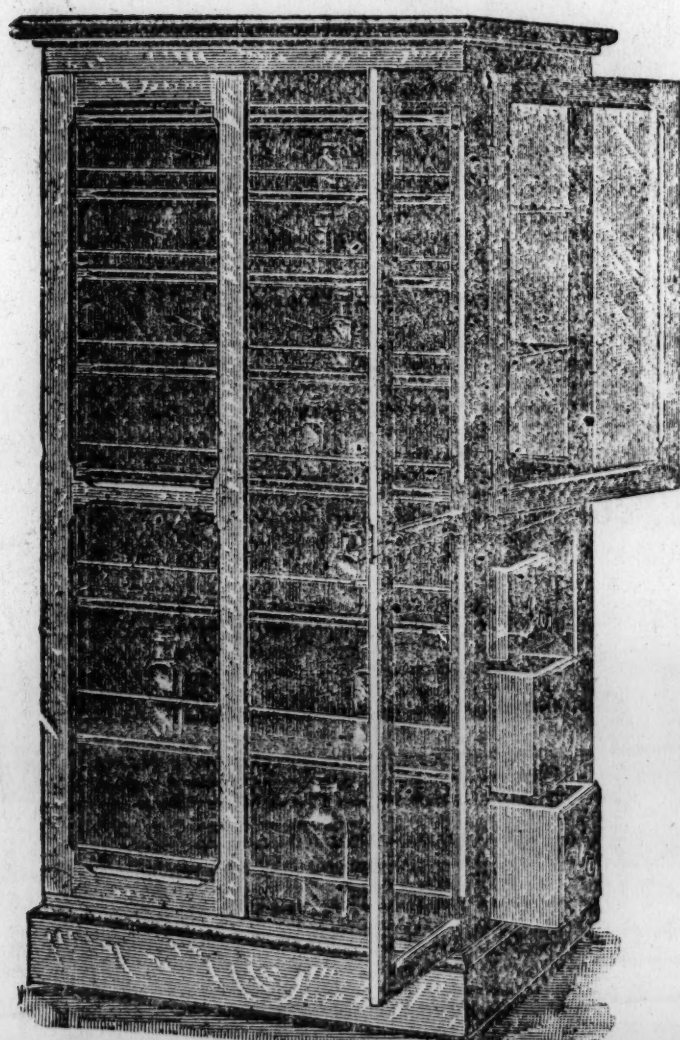


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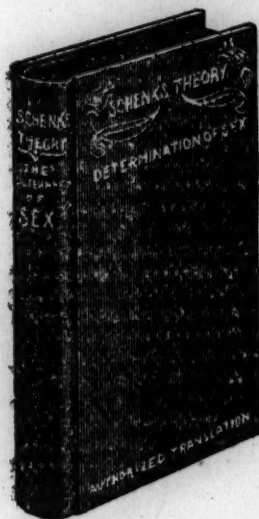
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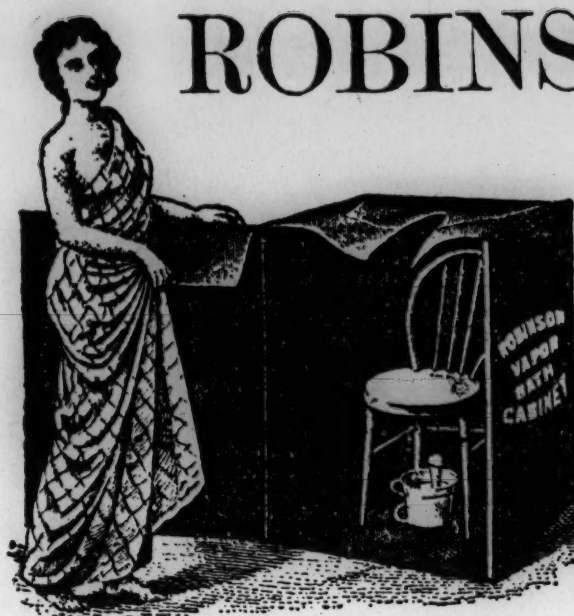
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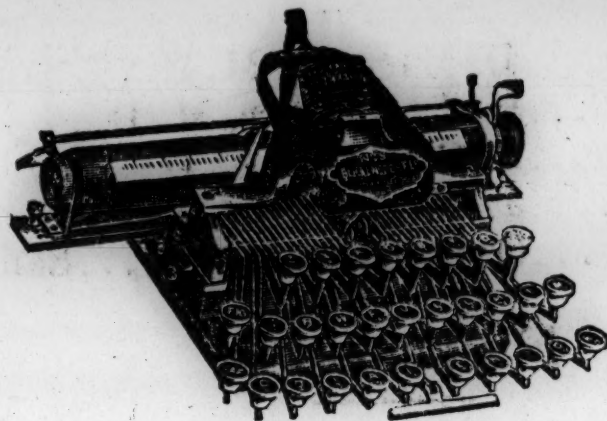
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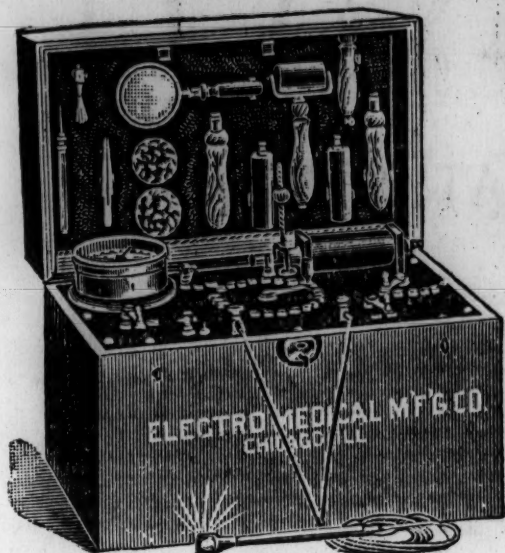
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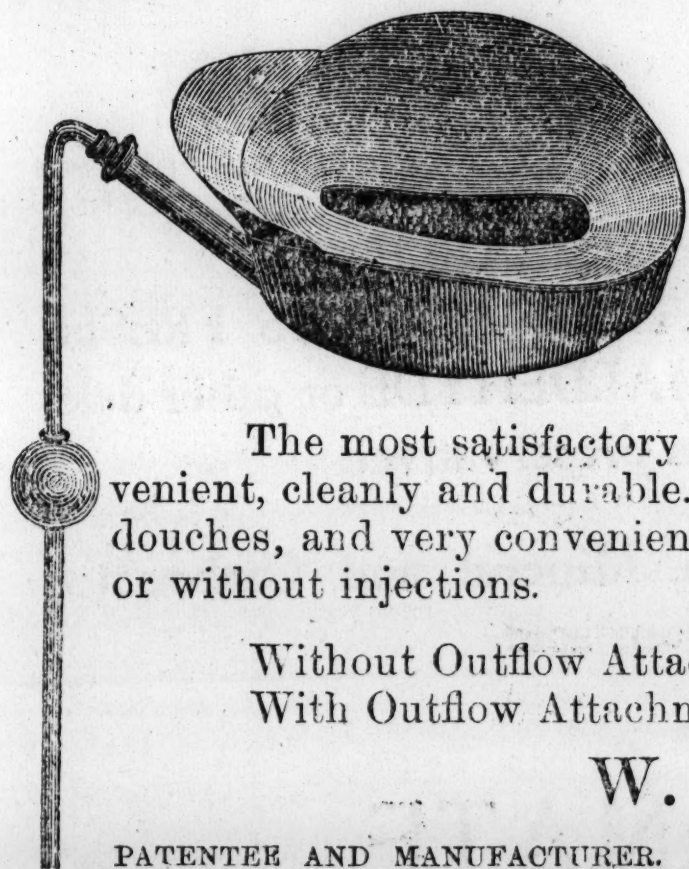
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